

01/18/05 Ex

Express Mail No.: ER 830 250 406 US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 10/608,297

Confirmation No.

9004

First Applicant

: Guy P. Vanney

Art Unit

3739

Filed

: 27 June 2003

Examiner

: Rosiland S. Rollins

Title

: Ablation catheter assembly having a virtual electrode comprising

portholes and a porous conductor

Docket No.

: 001-041401US

Customer No.

: 33486

## CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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- 1. Transmittal Form (1 page);
- 2. Fee Transmittal (1 page) (in duplicate);
- 3. Credit Card Payment Form (1 page);
- 4. Petition for Extension of Time (1 page);
- 5. Amendment and Response (10 pages);
- 6. this Certificate of Mailing by "Express Mail" (37 CFR 1.10) (1 page); and
- 7. return postcard,

all relating to the above-referenced application were deposited with the United States Postal Service on 16 May 2005 as "Express Mail," using an Express Mail label having the number noted at the top of this page and addressed to the Mail Stop Amendment, Commissioner for Patents at the above address.

Thomas J. Osborne, Jr.

Heimbecher & Assoc., LLC

Customer No. 33486 Tel: 303-279-8888

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0551-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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MAY 1 6 2005	<b>科FORM</b>	First Named Inventor	Guy P. Va	nney									
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to he used &	्रि) Spall correspondence after initia	Examiner Name	Rosiland S	5. Rollins									
144 AB	of Pages in This Submission	Attorney Docket Number	001-04140	onus									
ENCLOSURES (Check all that apply)													
	nsmittal Form	Drawing(s)		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)									
$\checkmark$	Fee Attached	Licensing-related Papers											
	ment/Reply	Petition Petition to Convert to a											
$\checkmark$	After Final	Provisional Application		Proprietary Information									
	Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence		ess Status Letter									
Extensi	on of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):									
Express	s Abandonment Request	Request for Refund		Credit Card Payment Form;     Certificate of Mailing by Express Mail; and									
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	lete Application Reply to Missing Parts												
	under 37 CFR 1.52 or 1.53												
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Firm Name	Heimbecher & Assoc., L	LC											
Signature	6 mg A	embed											
Printed name Reed R. Heimbecher													
Date	16 May 2005		Reg. No.	36,353									
		CERTIFICATE OF TRANSMISS	SIONIMA	II ING									
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on													
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Typed or printed	d name	-19		Date									
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name (Print/Type) Reed R. Heimbecher

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

Date 16 May 2005

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Under the Panerwork Redu	ction Act of 1995	no nersons are ren	uired to re		n of inform	ation unless it	disnlavs a valid	OMB control number				
Fees pursuant to the Consc	ective on 12/08/20	004.	>4040	, est 57	С	omplete if	Known					
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FEETI	Filing Date	2	7 June 200									
MAY 1 2005 F	First Named Inv	Guy P. Vanı	<sup>o</sup> . Vanney									
Applicant claims sm	all entity status	See 37 CER 1.3	27	Examiner Name	e F	Rosiland S.	Rollins					
<del></del>	Art Unit	3	3739									
TOTAL AMOUNT OF PA	AYMENT (\$)	1020.00	)	Attorney Docke	t No.	01-041401	US	<i>_</i>				
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number:												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULATION												
1. BASIC FILING, SE	FILING I	EES		RCH FEES	EXAM	INATION F		į				
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (	<u>Small En</u> \$) <u>Fee (\$)</u>		ees Paid (\$)				
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300	_					
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$)  Fee Paid (\$)  Fee Paid (\$)												
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof  -100 = /50 =												
Other (e.g., late filing surcharge): three month extension of time payment 1020.00												
SUBMITTED BY												
Signature	H LL	andre -		Registration No.	36,353	Те	lephone <sub>303-2</sub>	279-8888				

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